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CONFIRMATION NO. 2674

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/891,420	<b>FILING OR 371(c) DATE</b> 06/27/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 12013/51801
<b>APPLICANTS</b> Charles D. Lennox, Hudson, NH;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/219,373 12/23/1998 PAT 6,206,283 which is a CON of 09/080,237 05/18/1998 PAT 6,280,411				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 25
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 23838				
<b>TITLE</b> Localized delivery of drug agents				
<b>FILING FEE RECEIVED</b> 908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	